



**STATEMENT OF PROCEEDINGS
FOR THE REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION FOR
CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
<http://lachildrenscommission.org>**

Monday, March 21, 2016

10:00 AM

AUDIO FOR THE ENTIRE MEETING. (16-1604)

Attachments: [AUDIO](#)

Present: Commissioner Genevra Berger, Commissioner Carol O. Biondi, Commissioner Candace Cooper, Commissioner Patricia Curry, Commissioner Wendy Garen, Commissioner Sydney Kamlager, Commissioner John Kim, Commissioner Liz Seipel, Vice Chair Jacquelyn McCroskey, Vice Chair Wendy B. Smith and Chair Sunny Kang

Absent: Commissioner Maria Brenes and Commissioner Janet Teague

I. ADMINISTRATIVE MATTERS

1. Call to Order. (16-1320)

The meeting was called to order by Chair Kang at 10:02 a.m.

2. Introduction of meeting attendees. (16-1324)

Self-introductions were made.

3. Approval of the minutes from the March 7, 2016 meeting. (16-1322)

On motion of Commissioner Smith, seconded by Commissioner Seipel (Commissioners Brenes and Teague being absent), this item was approved.

Attachments: [SUPPORTING DOCUMENT](#)

II. REPORTS

4. Chair's Report. (16-1323)

Chair Kang reported the following:

- **Commissioner Adrienne Konigar Macklin, Second District appointee, resigned, effective March 2, 2016; and**
- **Commissioners are required to complete mandated trainings Cultural Diversity and Sexual Harassment Prevention every other year, and AB 1234 Ethics Training every two years. Human Resources is currently sending notification to Commissioners via email.**

5. Department of Children and Family Services Director's Report by Philip L. Browning, Director. (16-1325)

Director Philip L. Browning, Department of Children and Family Services (DCFS) reported the following:

- **Referenced the "Lexi case", which is garnering significant media attention due to a Native American child being removed from her non-Native American foster care home and placed with members of her tribe. The Indian Child Welfare Act (ICWA) is a federal law that seeks to keep American Indian children with American Indian families; due to confidentiality requirements, details of the case could not be provided; however, the case has been thoroughly reviewed and this was the best example of everyone involved, including DCFS, County Counsel and the Courts, doing everything possible to ensure that the rights of the foster parents, the child and tribe were all upheld and compliance with ICWA.**
- **DCFS is continually working on recruiting additional County Social Workers (CSWs). There are currently 53 new recruits, 150 who have completed all hiring requirements, another 150 are in progress and approximately 114 were from California Social Work Education Center (CalSWEC) or University Consortium for Children and Families (UCCF); a total of 1,450 CSWs will be hired by the end of June 2016 in a two and half year time period, bringing caseloads down to 20 cases per worker. The agreement as part of the Katie A. Settlement suggested 15 cases per worker;**
- **Recently met with 30 legislators and staff in Sacramento and provided jurisdiction specific information and statistics regarding the number of**

calls, where families are located, revenue, Continuum of Care Reform, the need for childcare and other issues. A similar report for each Supervisorial District is being prepared and will also be forwarded to the Commission.; and

- Will testify at hearings on childcare in April; there is a real need for childcare and it is a Board priority, the goal is to bring awareness of the need for emergency bridge funding to go along with our regular childcare funding that is provided by the Department of Education; This will benefit relatives in particular.

In response to questions posed by the Commission, Mr. Browning responded with the following:

- Clarification on whether or not foster families are permitted continued involvement with children after being returned to the parents will be provided at the next meeting; and
- The Quality Parenting Initiative (QPI) is a training program to ensure that foster parents and relatives get the support that is needed; in the past, the State didn't believe that LA County's caseloads were low enough to participate in this program, but the State recently approved the contract for LA County. The Core Practice Model (CPM) is in line with QPI and a number of DCFS staff have been certified in CPM.

III. PRESENTATIONS

6. Continuum of Care Reform: The Future of Foster Care
Dr. Khush Cooper, MSW, PhD., Khush Cooper & Associates (16-1326)

Khush Cooper, MSW, PhD, President and Chief Executive Officer of Khush Cooper & Associates, provided a brief overview of her work and experience and is currently a consultant working with the Office of Child Protection, regarding LGBT youth. Khush Cooper & Associates is currently working on building a database to map the foster care provider network in California. They are also building an implementation support platform and e-Learning platform for foster care providers, enabling them to subscribe and take courses so that they will be in compliance with the Continuum of Care Reform (CCR).

Dr. Cooper presented a PowerPoint and highlighted the following:

Historical Perspective

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- CCR, formerly known as Congregate Care Reform, is legislation that passed in October 2015. CCR State wide implementation will begin on January 1, 2017, with hopes for full compliance by 2019-2021. CCR was informed by the Residential Based Services (RBS) Demonstration Project.

Models for “High Needs” Children:

- The current model has two arcs of care. The child starts with Residential Treatment where mental health services are provided; they are then handed off to Community Treatment, FFA, or Wrap where mental health services are repeated. Children were in group homes for up to 32 months. Having two arcs of care results in a lot of disconnection, elongated time in care, and becomes very costly; and

The New Model: A Disruptive Innovation

- One arc of care; both residential and community treatment will start on day one along with integrated care coordination & family finding and integrated mental health services; boundaries between treatment centers are porous. Time in care can be reduced from three years to 18 months, and the group home placements can be reduced to 6-9 months.

The Transformation in Approach

- Traditional setting is focused on placement, the rates, and the set of support services associated with that placement; it focused on building compliant good residents and closed milieu with reassurances; and
- In reform setting the approach is focused on the child and intervention. Treatment services would be customized to each child; rather than focusing on good residents, the reform focuses on reducing the barrier behaviors that are preventing a child from being in a community. In the reform approach, milieu is opened to family and fluid; there's no visiting hours and no 30 day wait. Where the child receives services does not need to depend on their address.

CCR Possibility:

- There were positive results from the RBS pilot. There is a 30 person implementation unit at the California Department of Social Services (CDSS) and approximately \$20 million going into implementation, there

are more tools at our disposal than ever from other sectors.

Continuum of Care Reform: The Big Ideas

- **Increase home based family settings, reduce and reform the use of congregate care; it can be short term, intensive, or evidence based. The Child and Family Team (CFT) will assess the first and best placement, reducing the number of placements. Services will follow the child as needs emerge; all group homes and FFAs provide treatment. Post transition care is provided and the CFT will remain so there is continuity, and will cease only when the family has sufficiently transitioned to natural support and formal intervention is no longer needed.**

How do we prepare?

- **Professional program management is required. CCR is not just one project, but dozens of projects going on simultaneously. An umbrella management structure ensures everything is aligned. To prepare for CCR, we will need a vision, collaboration and commitment.**
 - o **Ready = Vision: Need to identify personal vision and visionary leadership to create a transformation implementation program, which is an investment, as improvements are not free. It will take out of the box thinking and will need creative funding and partnership;**
 - o **Aim = Collaboration: Identify stakeholder, design the services using structured, client centered design thinking; there are 10 elements of good service design. Catalog service components; for example, when a service component changes, approximately 25 things will change, including the relationship with the County and/or State, case management, personnel recruitment, awareness and referral. Design the implementation all the way through before starting it; and**
 - o **Fire = Commitment: Allocate the resources; executive leadership must lead and execute. Borrow resources from other sectors. Develop in house implementation expertise. Manage the implementation daily. The implementation team will have to monitor and hold the gains once services are implemented in the event something will need to be changed.**

Dr. Cooper invited questions from the Commission and provided the following responses:

- Confirmed that she is not part of the implementation team for Los Angeles County (LAC); however RBS providers, Department of Mental Health and DCFS are LAC's implementation team and meet on a regular basis. Dr. Cooper added that LAC's team is probably the most advanced team out of the five demonstration counties;
- Bridge care capacity in LAC made it hard to get children to step down; Resource Family Approval (RFA) should resolve that;
- It is not about getting the child ready for the community, but getting the community ready to receive the child. There is lack of community mental health services and community based services, such as basketball leagues, are things that would help children;
- Safety plan need to be replicated in the community (community mental health, timely medical care, and educational support); educational support needs to be emphasized from the start; and

Innovative education mobility is needed, that follows children around as we move them home so that they can have some continuity.

Dr. Cooper noted proposed dates to keep in mind:

- Rates are expected to be released in March or April 2016;
- Interim standards, written directives, and Program Statement guidelines for providers are expected to be released in June or July 2016;
- New rates will be effective January 1, 2017 for providers that are ready;
- RFA process will be effective January 1, 2017. This is a dual integrated licensing process that will certify agencies to adopt from day one. Providers that are already licensed and accredited were asked to start early implementation/adoption;
- Accreditation deadline for providers is January 1, 2019. Every provider has to be accredited by one of the three national crediting bodies; this will be a huge expense for some providers. Support is needed, otherwise smaller providers will go out of business; we don't

want to lose the ethnic minority agencies because they did not have the structural support; and

- Group homes and foster homes can function under the old rates for up to two years. They will be given extensions, especially those serving Probation youth.

Next Steps: Core Discussion and Decision Areas:

- Organizational mission and products offered; think about what the County is going to continue to do and not do;
- Service providers, including the County, will need to be accredited;
- If everyone provides treatment, whether contracting existing providers or issuing contracts to new providers, there is a need for more funding;
- Mergers and acquisitions- some agencies will go out of business and if they all go out of business at the same time, this will pose a problem. Social workers will need to know which providers are closed so they are not scrambling to house 200 children.;
- Every child gets an assessment and CFT; however, there will be a need for lobby services to determine where they are sitting and for how long while their assessment is being done and the CFT is being assigned.
- Determine the structure of CFT and how many CFT are needed;
- For staff recruitment and retention, there needs to be different kinds of group home child worker staff that can move seamlessly between communities and milieu.
- There needs to be different kinds of foster care workers that can sit on a CFT. The County social worker has to have different skills now; managing a lot more. Attorneys and judges have to have different training. People have to be onboard differently to keep this urgency up so children and families do not lose hope;
- Foster care resource recruitment and retention is a particular kind of resource. Tailor recruitment efforts to how many foster parents are

needed and the type of children;

- **Seamless technology integration is necessary;**
- **Check knowledge, policies, and training integration in regards to knowledge management;**
- **All work must have project management and investment; and**

County Considerations:

- **Model utilization estimates for mental health, foster care, CFT; start running the numbers for all options;**
- **New contracts for providers. Do we have the infrastructure in place now to manage new program statements? Is the County going to want to look at the new program statements? Do we have extra staff that we are going to bring to do;**
- **Communications and community relations; consider how everyone is going to work differently and how everyone will communicate with stakeholders.**
- **LAC will have to write support letters since everyone will be getting this new kind of license. LAC will need to get all infrastructures in place;**
- **Consider the wraparound implications whether it is going to contract out and have different CFT, or will wraparound be discontinued. Consider how this integrates with safety organized practice principles and how it all works;**
- **CDSS has not figured out County specified assessment tools, but it's down to Child and Adolescent Needs and Strengths (CANS) or TOP;**
- **Identify the Katie A. implications, especially around Intensive Treatment Foster Care;**
- **Children cannot wait for mental health services; and**
- **Determine how relative care will be handled decide if LAC is going to have FFA/RFA work with relatives.**

What's a county to do?

- **Explore the CCR disruption, rationalize the outcome, evaluate opportunities and risk, and conduct a S.W.A.T. analysis. Create the Organizational Transformation Roadmaps and assign someone to steer the execution.**

Tamara Hunter, MSW, Executive Director, questioned if DCFS is expected to implement RFA prior to January 1, 2017. Mr. Browning confirmed that DCFS has a team working on the implementation components and would like to implement early.

The Commission thanked Dr. Cooper for her presentation.

In response to questions posed by the Commission, Dr. Cooper provided the following responses:

- **CCR is highly aligned with federal legislation, the Families First Act, and everyone is watching California very closely.**
- **In regards to social context, Dr. Cooper indicated that this idea will not work if we do not change the message to foster families regarding the types of children they can receive and what's expected of them; communication and community relations need to be upfront.**
- **In regards to family, children and community connections to support activities, Dr. Cooper recommended the Commission have presentations by providers on how they work to cultivate the community.**
- **Dr. Cooper explained the Katie A. innovation and mentioned that Mendocino County currently has a visitation center that practices an innovative family visitation model.**
- **Dr. Cooper further suggested that FFA and group home providers need to convene and have joint meetings. They should have a formal business relationship with mental health providers so there are no long waits when needed and continuity with therapists.**
- **In regards to FFA recruitment, Dr. Cooper advised to start by running the numbers to address FFA recruitment of unrelated families and provide them with the knowledge of whether or not they want to partner with someone. There will be online courses made available statewide.**

Attachments: [SUPPORTING DOCUMENT](#)

IV. DISCUSSIONS

7. 2016 Retreat Follow-Up. (16-1327)

Chair Kang reported on the following Executive Committee recommendations from the annual retreat:

- **There was agreement at the retreat that the Commission will work in certain areas and the Executive Committee recommends some type of grouping to facilitate the work;**
- **There was agreement to recommend creating standing agenda item(s) for committees and/or workgroups to report on their activities;**
- **There was agreement to recommend improving time management of agenda items and Commissioner questions to stay on track and on topic; and**
- **Consensus was not reached on restructuring our meetings; a few Commissioners felt that more time should be set aside from Commission meetings to allow for committee meetings and others felt that taking time from Commission meetings to attend committee work would reduce the effectiveness of the Commission.**

Tamara Hunter, MSW, Executive Director, provided further details on Executive Committee recommendations regarding follow-up from the annual retreat:

- **Ms. Hunter reviewed a handout distributed as part of meeting materials;**
- **The recommendation to utilize consistent terminology for the various types of committees was reviewed and discussed;**
- **The recommendation that Commissioners interested in specific priority areas meet to discuss the best way for the Commission to work on the priority area was discussed; and Ms. Hunter stated that she can work with Commissioners to set up the meetings;**
- **Commissioner Garen noted that some existing Commission**

committees overlap; and

- **Katherine Bowser, County Counsel, provided clarification of Commission bylaws and Brown Act requirements with regard to quorums; establishing and dissolving committees; various types of committees or groups; and Commissioners attending other non-Commission meetings.**

Attachments: [SUPPORTING DOCUMENT](#)

V. MISCELLANEOUS

- 8.** Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (16-1328)

There were no matters presented.

- 9.** Opportunity for members of the public to address the Commission on item(s) of interest that are within the jurisdiction of the Commission. (16-1330)

No members of the public addressed the Commission on this item.

- 10.** Adjournment. (16-1332)

The meeting adjourned at 12:06 p.m.